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ABSTRACT

Based in rural northern Orange County (North Carolina), the Adolescents-in-Need Project began in 1981 as a joint effort of the school district, the University of North Carolina at Chapel Hill School of Medicine, and community agencies. Project goals focused on preventing untimely events in the lives of teenagers, and included helping adolescents to delay first or repeat pregnancy, complete their education, develop lifestyle and parenting skills, and secure safe nurturing living arrangements. Referrals were made on the basis of expressed concern and did not require explicit definition. From 1981 to 1988, the county pregnancy rate for 15- to 19-year-olds dropped from 6.2% to 4.2%, while the school dropout rate improved from 10.5% to 6.7%. Over 60% of the high-risk adolescents served by the project remained in school; among dropouts, 5% obtained a GED and 57% found productive employment. Major program strategies aimed at: (1) improving communication and negotiating conflicts between teens and their parents; (2) developing a close working relationship with the school system; (3) identifying community services and improving access to services for adolescents; (4) involving male partners of pregnant teens and teen mothers; (5) improving day care services for teen mothers attending school; (6) assisting teens to find employment; (7) assisting with transportation; (8) coordinating with special programs available to adolescents; and (9) providing one-on-one time and support to teen mothers and developing peer support groups. (SV)

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Reducing Rural School Dropout through the Adolescents-in-Need Model

It is a known fact that an increasing number of young people are in serious trouble throughout the United States. In the not too distant past, school teachers greeted each new school day knowing that the worst discipline problems they might face among the adolescents in the classroom were gum chewing, profanity, and defacement of property. We now find young people involved deeply with drugs and alcohol, early sexual activity, early childbearing, violence, and an escalated level of intensity in the problems at home. many hours of a school day are now being devoted to helping these young people with such issues as last night's fight at home, a hangover, or too few hours of sleep due to a second shift job or a baby in need of attention through the night. Many young people faced with the tasks normally assigned to much older more mature adults are confronting these tasks before they have completed their own progression thorough adolescent maturation to adulthood. When we hear what some of these young people must do each day before they get to school each morning, we wonder why they even come. And, as we know already, too many of them attend sporadically or not at all. Teens are dropping out of school at a great rate and are consigning themselves to a non-productive future as yet another victim of adolescent failure syndrome.

The problems become even more complicated when the adolescent lives in the rural, more remote areas where factors such as isolation, distance, access, and alienation contribute further to these stresses. Arriving late to school has a different meaning and impact. Getting to and from work, school, and home includes a considerable amount of travel. Access to a car or a negotiated ride is an everyday challenge. Participating in extracurricular activities at school is a near impossible tasks (an area of great importance in building confidence and self-esteem for young people). Child care also becomes a near impossible obstacle for teen parents unless a family member or neighbor is available to help. Public daycare, often located in or near the more urban areas, make access and transportation more prohibitive issues. Daycare on the campus or near the school is not yet an available alternative for all teen parents. Interestingly, in North Carolina, this issue is complicated further by the

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fact that no one but students and senior citizens can ride school buses. A student mother must find a ride for her child to and from daycare and try not to miss the bus herself. This difficulty can lead to a sense of separation that often increases the probability of her just staying home and forgetting about school that day.

School dropout is a problem of great concern in North Carolina, especially in the last decade, as we have seen our young people leaving school at an alarming rate of 6.7%, or, to state it even more clearly, we are a state where one in four of the eighth grade cohort will leave school before graduation. Many factors are said to contribute to this data. First of all we are a rural state with a population of 5 million spread over a 52,586 square mile area. WE are second only to Texas in the percentage of rural residents for the entire United States. Our largest city, Charlotte, has a population of 300,000. Raleigh, our state capital, has a population of 200,000. Winston Salem and High Point are the only other towns with a population greater than 100,000, a statistic that confirms clearly the rural nature of this state. Agriculture and textiles are the major means of revenue and employment, with tobacco providing the greatest income of any industry. The average income for the state is less than $13,000, with an alarming number of households living at or near the poverty line of $11,000 for a family of four. Most women are in the work force and many households are single parent female who were never able to complete their high school education. Teenage pregnancy is a major concern in our state with a rate of 100/1000 pregnancies for 15 to 19 year olds overall. In the past three years the pregnancy rate for this group has leveled off while the rate for younger teens has been steadily rising. This poses an even greater concern for potential school dropout since this younger adolescent is under the age of sixteen and facing the same issues that affect their ability to cope and stay in school.

Statistics have shown repeatedly that early and out-of-wedlock parenthood is a major cause of low educational attainment and deserves equal if not more responsibility for educational outcomes that we attribute to poor economic background and minority status. Again, statistics indicate that women who marry as an adolescent have an 80% chance of dropping out of school, whether or not they have early childbirth. For some teenagers, pregnancy is seen as a way to escape, as a search for someone to love, or as a solution to the boredom of school that they attend too seldom to really get involved in learning. The fault for the adolescent failure syndrome does not rest entirely at home, as we all know. Our education system still has a few flaws in addressing the needs of certain high risk student groups like those included in this discussion. Some schools do not support teenagers in continuing their education. Special

schools or special classes developed for pregnant teenagers solve some of the problems encountered in the school setting. However, disappointingly, they have not contributed as significantly as many have hoped to a decrease in recurrent pregnancy rate and staying in school among these teenagers.

Adolescents have a variety of support systems which they use in their normal growth and development. The basic support group is still the family, yet the early concepts from home must make way for teens to explore values other than their parents. It is still a well known fact that the family serves as a spring board for the adolescent to "try their wings." In a society where the family structure is being tested at all turns, adolescents face a serious threat to receiving the help they need with decision-making and coping skills and a means of validating their maturing process. Further confusion exists because the United States' cultural system is not a simple one and it is not simple for a teenager to develop adult skills even in the best of circumstances. There are no concrete or definitive rituals or rites of passage for American teenagers. It is easy in our culture for teenagers to "act like adults" while they still lack the emotional or intellectual development required for adults.

The school system functions prominently in the adolescent's development. Teachers and counselors are most frequently the role models teenagers choose outside their families. In this role, teachers and counselors show teens ways of making decisions that they may or may not have been exposed to at home. Sometimes this responsibility seems insurmountable for the school system when the family network seems absent for so many.

Another strong support for teens is their network of friends and partners. Friends tend to be their "measuring stick" for comparing themselves to others and they like to see how they measure up physically, emotionally and educationally to these peers. Being accepted or a part of the "in crowd" is more important than homework, chores, or other home responsibilities. Dating and "going together" are occurring much earlier with many teens dating by age 15. The average age of partners of these young teens is 20 to 21. This statistic alone should tell us that there is much to be done to prepare these young people for the adult issues such a relationship demands.

Various social institutions and religious organizations encourage and support teenagers by enabling them to have their own identity and a place to function outside the family. Not all teens have access to such groups, thus making the task for the school even greater. For many of those teens who fall through the cracks with few resources, the school becomes the only hope they have really to gain a measure of accomplishment in reaching adulthood with the skills they need to become successful. Staying in school becomes an even

greater factor for these young people who already have too many strikes against them.

In spite of all the support systems available to assist teens, they are still plagued by dropout, runaway, self abuse, and suicide. The state of North Carolina, for example, has the tenth highest suicide rate in the United States, according to data from the National Center for Health Statistics, 1980. Sixty-two North Carolina teenagers committed suicide in 1982.

Considering the extent and diversity of the difficulties teenagers can encounter, it may become easy for professionals who work with these young people to get discouraged. Fortunately for these teens, society hasn't despaired; the publications keep coming and the topic remains a "hot item" as to what can be done about the problem with today's youth. At least this concern warrants continued attention and dollars to combat the obstacles that interfere with our young people reaching a successful adulthood. The even greater news is that the institutions that can help the most are still in business. Our schools and communities are increasingly dedicated to ensuring that all our young people have the opportunity to stay in school, delay parenting, and have the appropriate work and survival skills. In addition teens can attain a reasonable knowledge of coping and decision-making to assist them in choosing the appropriate life partner and realistic career goals. No one institution can mount the effort needed to address the multiple needs of these high risk teens. Agencies, churches, schools and communities must work together to get the most help to the most in need.

One such effort is the Adolescents-in-Need Project based in a rural school district in Hillsborough, Orange County, North Carolina. Orange County has a population of approximately 80,000 with 55,000 of these living in Chapel Hill and Carrboro in the populous southern end of the county. The remaining 25,000 are scattered over the rural northern end of the county. This distinct division accounts for diverse economic and educational factors which contribute to the greater need for all services in the rural part of the county.

The only town in the northern part of Orange county is Hillsborough with a population of 3,000. All schools except one elementary school are located in Hillsborough. There are six rural townships and many small communities clustered around churches. Most rural folks work on farms in summer and at the textile mills in the winter. The rural part of the county's average income is below the national average, even though many women work. The rural county school district includes seven schools with four elementary schools, one sixth grade level school, one middle school for seventh and eighth grade, and one high school, grades nine through twelve. There are 5,000 students in the school

system. School dropout, teen pregnancy, and adolescents in vulnerable situations are a high priority of the school system.

The Adolescents-in-Need Project began in 1981 as a joint effort of the University of North Carolina at Chapel Hill School of Medicine, Division of Community Pediatrics, the rural northern Orange County School District, and other community agencies. Initial funding was from the National Center for Child Abuse and Neglect and provided funding for three years. Because the funding provided an open-ended approach to prevention, the proposed service to teens focused on preventing untimely events in the lives of teenagers that contributed to the risk of abuse and neglect and interrupted their education and achievement of adulthood.

The project goals included delaying first or repeat pregnancy, completing education, developing life-style and parenting skills, and assisting in the securing of safe, nurturing living arrangements needed by the teen and their child. With these goals in mind, joint meetings occurred very early in the start up phase with representatives from the school, health department, social service department, local physicians, mental health center, and community leaders to enlist their help in determining who should be served and how this could be interwoven into the existing services to avoid over serving some and missing others. The joint effort with the social institutions assisted in the following tasks: (1) design the basic structure of this project; (2) identify the adolescent population in need: (3) develop criteria for referral; (4) develop a working structure for service delivery; (5) identify project staff. Identifying the people who were interested in teens and wanted to do something for them was easier than expected since several names of key leaders surfaced in these discussions. Based on the identified needs of teens and the input about the people who were already helping, a project staff of a family nurse practitioner and social worker team emerged as the appropriate combination to address the greatest area of need.

At the time the project began, the school dropout rate for the county was an alarming 8.8%, and at one point 10.5%, well above the state level of 6.7%. During this same period of time, the overall pregnancy rate for 15 to 19 year olds was 96/1000 with correlating abortion rate of 62/1000. Little data was available on the repeat pregnancy rate in the state or county, but the national rate was somewhere around 40%. According to statistics at the Department of Social Services, adolescents in rural areas were living in high risk situations.

Based on this data and the input from the staff of the social agencies, the project developed guidelines for referral emphasizing that the reason for referral needed only be an expressed concern and did not require definition. Most

of the adolescents identified were "falling through the cracks cracks" in services and not yet a major problem for the social agencies or school system. The majority of referrals came from the school system with the health department making referrals that gradually increased over time. After the first year, the community and teens themselves started making an increasing number of referrals. This was the best indication of all that the project was making an impact in some way.

After a referral was made to the project, an introductory visit allowed the staff to meet the teen, usually with the source of referral and most often at school, for the first visit. Subsequent visits were with the adolescent, their partners, friends, and family as seemed appropriate. Home-visiting became a focal point allowing a major effort in one-on-one counselling. Another focus of the project referrals was the teen who was not in school for multiple reasons. Again the social agency network was a great help in identifying this high risk group. The major reasons for referral included risk of pregnancy, currently pregnant or already a parent, social isolation, known violent situation, older boyfriend, and school problems.

Results of the project efforts have been rewarding particularly where the adolescents themselves have benefitted so much. First and most important, the pregnancy rate for 15 to 19 year-olds has dropped to 42/1000 in 1988, with a repeat pregnancy rate for that period of 12% for teens served by the project. Of equal importance was that the school dropout rate improved to an encouraging level of 6.9% in 1988-89. During the project study period, over 60% of the adolescents served stayed in school, in spite of the many circumstances that prevailed for these high risk adolescents. Of those that dropped out of school, 5% have obtained their GED, and 57% have found productive employment. Results of the project reflect not just the efforts of the project staff, but also those agencies, schools, and the broader community, to meet the social, emotional and health needs of this high risk population.

Attention to the issue of males has gradually gained momentum with more young men served in the last two years, an average of ten new male referrals yearly. This increase was helped greatly by the opening of a primary care teen clinic at the health department. Males have come to the clinic to be seen for everything from acne to sports physicals and the project has realized its goal for better access to young males. Prior to that time it was difficult to identify them for a specific reason and referrals centered around the most obvious, the female adolescent. Based on this observation, we learned that males also need an acceptable method of access.

Adolescents-in-need developed nine major strategies designed to help accomplish the goals of the project and

address the problems of prevention of untimely events for this particularly vulnerable group of young people. The first and major strategy focused on the adolescent and their family. Getting to know the family and helping to negotiate conflicts such as disputes over housing, chores, child-rearing responsibility, and reasonable expectations for school and dating were most common issues. Communication and listening was a major first step for teens and their parents.

A second strategy was to develop a close working relationship with the school system. Schools were committed to the idea that teens needed an education but not all teachers and school board members had the same dedication to teens who became a parent before completing school. A solid commitment from the school occurred rapidly and the school became a major force in helping these teens develop a plan to enable them to graduate. For the past three years the school has contributed financial support to the project with a major emphasis on preventing school drop out.

A third strategy was to identify services available in the community and assist adolescents in obtaining these services. Working with local physicians, hospitals, family planning clinics, social services, and health departments, the project staff was able to help establish teens as the priority in access to services. A most rewarding effort was the response of the county government and health department to allow funding to open the teen clinic two years ago.

A fourth strategy focused on the involvement of the males with a focus on male partners of teens who already were parents or soon to be. Males were assisted in getting to clinic visits, to the hospital for the delivery and to regular and frequent visits with the baby at home. This was often an issue for negotiation between the teen mother, her family and the partner. Not all teen mothers desired an ongoing relationship with the baby's father.

Assisting with child care was the fifth strategy. This community had only two daycare centers and Headstart children had to be 3 years of age. Few private or public daycare facilities would take infants, posing a serious problem for teen mothers who needed to return to school as soon as possible after delivery. Adolescents had little if any financial means to afford care for their child, even if it were available. The first assistance for this dilemma came by way of an Adolescent Education Scholarship Fund, spearheaded by the project, with money raised by individuals and local churches to pay for child care. Additional help for this came from the Orange Congregations in Missions, an ecumenical organization that purchases a daycare center with the expressed priority of care for children of teens who were attending school. In 1990 daycare is no longer a major factor in school attendance for teen mothers.

A sixth strategy was to assist the teen with employment. A part time job often gave one or both parent adolescents a

sense of support and taking care of themselves and their child.

Assisting with transportation was a must. Most of these adolescents were under 16, had no car of their own and lived 20 miles from town, limiting their access to services. The project encouraged driver education (an excellent impetus for staying in school), ride-sharing and using existing transportation from school to other services with parents consent.

Another strategy was identifying the special programs available to adolescents. The project staff worked closely with drug and alcohol personnel, juvenile service counselors, and church and community leaders, especially those identified by the teens themselves.

The last strategy was devoting extra one-on-one time and effort to assist the adolescent and their child with much needed support for mother/infant bonding, child care education, and peer group activities for adolescents where they could learn more about coping with frustrations of child care, decision-making, and realistic goal-setting.

A culmination of these strategies was the building of a network to help adolescents-in-need.

Contacts with adolescents were frequent, often more than once a week. Teens were given phone numbers for after school access and parents were involved early on and at the appropriate time. The project was very visible at the schools throughout the week. A considerable amount of time was devoted to helping out where teens were hanging out at football games where volunteering to work the concession proved an excellent avenue for teen contacts. Staff also devoted extra effort to serving on boards and other organization efforts to get the word out and help make the needs of teens known.

Perhaps the most significant impact of the project efforts on behalf of teens was to have the county government place the needs of teens at the top of their priority list for 1989. To see the community and county government assume complete ownership of the project in July 1989 by providing funding for the entire project when the state and federal monies had come to an end was the "icing on the cake." This was the best evidence of a job welding and a true commitment by the community to help teens.

The Adolescents-in-Need Project has grown from a demonstration project to an integrated part of the delivery system serving teens in Orange County. The model has demonstrated replicability with technical assistance and consultation provided for eight similar programs across rural North Carolina. The Adolescents-in-Need model is described in Helping Adolescents; A Manual for Program Development, a practical guide for those wanting to develop or enhance a similar program in their community. The current manual, published as a working draft in 1987, is currently in the

process of revision and will be available in 1990. The project staff welcomes the opportunity to answer questions and assist in any way with the goal of helping our young people finish school and reach a successful adulthood.

Teens need to feel good about themselves. They need to experience success at something that is important to them. They need to have a supportive trusting network to depend on. They need a chance to break the cycle of poverty, leaving school early, and too early parenting. The most hopeful way to accomplish this is through education. But we cannot educate them if they're not in school. To encourage school attendance and completion of a meaningful education, teens need more than "the three R's." They need a system that is ready to make adjustments, compromises, and go that "extra mile" realizing that teens are not adults, even after they become sexually active, have a child, or leave home.

Creative and innovative education plans are happening already and we need more of these. Alternative schools, school-based clinics, school daycare centers, school-work packages, and more education incentive packages are emerging across the country; we need more of these. No single agency or group can do this alone; it will take us all doing more and working together.